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Thank you.

Quarter

- ☐ July-September
☐ October-December
☐ January-March
☐ April-June

**JARC/New Freedom Operating
Quarterly Report**

Fiscal Year _____

Agency Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Contact Person:** _____

A. OPERATING DATA:

1. Total number of vehicles in service during this quarter _____
2. Total number of miles accumulated this quarter _____
3. Number of days agency operated vehicles this quarter (Cannot exceed 92 days for a quarter) _____
4. Average number of hours vehicle operated per day _____

B. RIDES PROVIDED (Record each ride in one category only):

Category	Contracted	Non-Contracted
1. 60 yrs. old and over	_____	_____
2. Under 60 yrs. old	_____	_____
3. Disabled	_____	_____
4. TOTAL RIDES FOR QUARTER	_____	_____

TOTAL CONTRACTED AND NON-CONTRACTED _____

C. PERFORMANCE DATA:

1. Average cost per mile (cost/miles) _____
2. Average cost per ride (cost/rides) _____
3. Average number of rides per day (rides/days) _____
4. Average number of rides per mile (rides/miles) _____

D. FINANCIAL DATA (must include all costs associated with entire transportation system)

* All in-kind entries are required to have prior approval from MDT and must be listed on page 5.

QUARTERLY OPERATING COSTS:

	Direct Cost	In-kind*
1. Labor		
a. Operator's wages	_____	_____
b. Mechanic wages	_____	_____
c. Dispatcher wages	_____	_____
2. Fringe Benefits		
a. Operator's/Mechanic/Dispatcher Fringe Benefit Distribution	_____	_____
3. Services		
a. Professional and technical services (itemize on page 5)	_____	_____
b. Advertising fees	_____	_____
c. Custodial services (bus-related only)	_____	_____
d. Other services (itemize on page 5)	_____	_____
4. Materials & Supplies Consumed		
a. Fuel and lubricants	_____	_____
b. Other materials and supplies	_____	_____
5. Purchased Transportation Service		
a. Purchased transportation service	_____	_____
6. Taxes		
a. Vehicle licensing and registration fees	_____	_____
7. Other Operating Expenses		
a. Other expenses (itemize on page 5)	_____	_____
TOTAL OPERATING COSTS	_____	_____

QUARTERLY ADMINISTRATIVE COSTS:

	Direct Cost	In-kind*
8. Labor		
a. Manager/Coordinator, Administrative Personnel (itemize on page 5)	_____	_____
9. Fringe Benefits		
a. Manager/Coordinator, Administrative Personnel Fringe Benefits Distribution	_____	_____

10.	Materials and Supplies		
a.	Office supplies	_____	_____
11.	Casualty and Liability Costs		
a.	Casualty and Liability Costs	_____	_____
12.	Utilities		
a.	Utilities (Gas, Electric, Sewer, Phone, and Internet)	_____	_____
13.	Taxes		
a.	Property tax	_____	_____
14.	Leases and Rentals		
a.	Vehicle (explain on page 5)	_____	_____
b.	Facilities (explain on page 5)	_____	_____
15.	Miscellaneous Expense		
a.	Dues and subscriptions (transit-related only)	_____	_____
b.	Travel and meetings (transit-related only)	_____	_____
c.	Drug Testing	_____	_____
d.	Promotion for Coordination and Ridesharing	_____	_____
e.	Indirect Cost (prior approval required from MDT)	_____	_____
16.	Other Administrative Expenses		
a.	Other expenses (itemize on page 5)	_____	_____
	TOTAL ADMINISTRATIVE COSTS	_____	_____

QUARTERLY MAINTENANCE COSTS:

17.	Maintenance	Direct Cost	In-kind*
a.	Vehicle maintenance parts & service (itemize on page 5)	_____	_____
b.	Tires and tubes	_____	_____
	TOTAL MAINTENANCE COSTS	_____	_____

TOTAL OPERATING, ADMINISTRATIVE & MAINTENANCE COSTS	_____
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E. REIMBURSEMENT CALCULATIONS:

1. Total Operating Costs _____
2. Total Amount of Fares/Donations for Rides _____
3. Net Operating Deficit (Line 1 minus Line 2) _____
4. Eligible Operating Funds @ 50% _____
5. Total Administrative Costs _____
6. Eligible Administrative Costs @ 50% _____
7. Total Maintenance Costs _____
8. Eligible Maintenance Costs @ 50% _____
9. Total Eligible Quarterly Costs _____
10. Total Amount of Grant _____
11. Eligible Reimbursement (Line 9)
 - 1st Quarter _____
 - 2nd Quarter _____
 - 3rd Quarter _____
 - 4th Quarter _____
12. Total Reimbursement Earned Cumulative Year-to-Date _____
13. Balance of Unearned Funds _____

F. LIST OF ITEMIZED EXPENSES

[illegible]

ACTIVE MDT GRANT VEHICLE REPORT
(Vehicles in which MDT is a lienholder)

Vehicle Project No.		Odometer Reading (End of Quarter)	Total Miles This Quarter	No. of Days Veh. Operated This Quarter	Avg. No. of Hours Per Day
1	MT-				
2	MT-				
3	MT-				
4	MT-				
5	MT-				
6	MT-				
7	MT-				
8	MT-				
9	MT-				
10	MT-				
11	MT-				
12	MT-				
13	MT-				
14	MT-				
15	MT-				
16	MT-				
17	MT-				
18	MT-				

ACTIVE MDT GRANT VEHICLE REPORT
(Vehicles in which MDT is a lienholder)

Vehicle Project No.		Odometer Reading (End of Quarter)	Total Miles This Quarter	No. of Days Veh. Operated This Quarter	Avg. No. of Hours Per Day
19	MT-				
20	MT-				
21	MT-				
22	MT-				
23	MT-				
24	MT-				
25	MT-				
26	MT-				
27	MT-				
28	MT-				
29	MT-				
30	MT-				
31	MT-				
32	MT-				
33	MT-				
34	MT-				

Submit Reports to: MDT Transit Section
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